STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 5 2019

PLEASE PRINT

I. Name of Lobbyist(s)	artha Wood		NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partners	ship, firm or corporation, if	any:		
Teachers Insurance	and Annuity Association (1	ΓΙΑΑ)		
(Name of partne	ership, firm or corporation)			
730 Third Avenue	New York	N.Y.	10017	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(212) <u>916-6232</u> (Telephone)	()(Fa	e-mail <u>mlwood</u>	e-mail mlwood@TIAA.ORG	
III. This statement covers: (Chreportable expense transaction	noose one – file separate repo ns which are not attributable	orts for each client, OR you is to any one client).	may file a separate report for	
		the reporting date relative to	the following client:	
	e and Annuity Associat	, ,		
OR (Full Nar	ne of Client as it appears on the L	obbyist Registration Form)		
All reportable transactions by unrelated to any particular client		bbyist's family), or the lobbyi	ing firm listed below which are	
-	5, 2018 \square te of registration to 3/31/18	July 25, 2018		
	r 31, 2018 🗍 m 7/1/18 to 9/30/18	January 30, 2019 🛭 activity from 10/1/18 to 12/.		
V. There have been no fees If this box is checked, complete J Concord, NH 03301.			the last report. 🛭	
VI. Check if additional reports	s are attached:			
_		file Addendum A- Fees and	Expenses	
☐ If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses, y	ou must file Addendum B-F	Report of Honorariums or	
☐ If you, your firm, or your fa	mily has made political contri	butions, you must file Addend	dum C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and	hereby swear or affirm that the $\frac{1}{24}$	1.	
(Signatufre of lobbyist)		/ (/)	Jate)	
Martha Wood				
(Print Name of Jobbyist)				